STATEMENT OF ORGANIZA	OFFICE USE ONLY										
STATEMENT OF SKOANIZA											
1. Name and Address of Committee	2. Date of this Statement	Date Filed: 1/31/2024									
ACADIAN AMBULANCE EMPLOYEES PAC P. O. Box 98000	1/31/2024 3. Estimated Membership	Report Number: 118648  Date Filed: 1/31/2024									
Lafayette, LA 70509	78										
	4. Amended Statement?										
Check If: New Committee	YesX_No										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)											
a. Name b. Position	c. Address										
ALLYSON F PHARR Chairperson	101 Bonner Dr., , Lafay	afayette, LA 70508									
ERIN LEBLANC Treasurer	ERIN LEBLANC Treasurer 214 Hidden Grove Place, , Lafayette, LA 70503										
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)  a. Name b. Address c. Relationship to Committee											
On attached sheet											
All Depositories for Committee Funds (committee funds must be deposited mutual funds.)	ited in one or more banks or sav	rings and loan institutions or money market									
a. <u>Name</u> b. <u>Address</u>											
On attached sheet											
8. Type of Committee											
IF THE POLITICAL COMMITTEE SUPPORTS ONLY <b>ONE</b> CANDIDAT By my signature below, I hereby certify that this committee is the											
By my signature below, I hereby certify that this committee is the which is a committee of the candidate referenced in 8a.	he subsidiary of	· · · · · · · · · · · · · · · · · · ·									
By my signature below, I hereby certify that this committee is not working, and will not work, in coordination											
By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.											
IF THE POLITICAL COMMITTEE SUPPORTS <b>MULTIPLE</b> CANDIDATES, CHECK <b>ONLY IF THE following</b> applies:  X By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.											
8a. Name of Candidate	3	b. Office Sought by the Candidate									
9. a. Name of Person Preparing Report: ASHLEY GREAF		b. Daytime Telephone: 202-543-8345									
10. WE HEREBY CERTIFY that the information contained in this STATEM information and belief.	IENT OF ORGANIZATION is tru	e and correct to the best of our knowledge ,									
This 31st day of January , 2024	<u>4</u> .										
Allyson F Pharr	nc 337-291-3333										

Signature of Committee/Chairperson
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Report Number: 118648

Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name b. Address c. Relationship to Committee

ACADIAN AMBULANCE 130 E. Kaliste Saloom Road Lafayette, LA 70508

Connected Organization

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name b. Address

JP MORGAN CHASE BANK, N.A.

P.O. Box 182051 Columbus, OH 43218

## **COMMITTEES WITH OVER 250 MEMBERS**

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.

This	31st	day of	January		2024			
	Allyson I	F Pharr			_			
	Signature of Committee/Chairperson						Daytime Telephone	
	Erin LeB	Blanc			_		337-291-3333	
	Signature	of Commi	ittee Treasurer, if any				Daytime Telephone	

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